

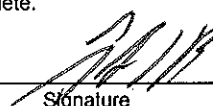
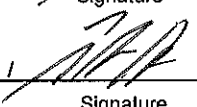


MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by  
the treasurer (or designated record keeper) and candidate.

|   |  |   |  |
|---|--|---|--|
| 1. Committee I.D. Number<br><b>14074</b>  |  | 3. This Statement covers: from <b>01/01/14</b> to <b>07/20/14</b>   |  |
| 2. Committee Name<br><b>Tom Hickner for County Executive</b>  |  | 4. Candidate Last Name <b>Hickner</b> First Name <b>Thomas</b> M.I. <b>L</b><br>4a. Office Sought Including District # or Community Served (If applicable)<br><b>County Executive</b><br>4b. County of Residence <b>BAY</b>   |  |
| 5. Committee's Mailing Address<br><b>4821 E. Westgate Drive<br/>Bay City MI 48706</b><br><br>Area Code and Phone <b>(989) 992-4579</b><br><small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>  |  | 6. Treasurer's Name & Residential Address<br><b>Thomas L Hickner<br/>4821 E. Westgate Drive<br/>Bay City MI 48706</b><br><br>Area Code & Phone <b>(989) 992-4579</b>  |  |
| 7. Treasurer's Business Address<br><b>515 Center Avenue<br/>Suite 401<br/>Bay City MI 48708</b><br><br>Area Code and Phone _____  |  | 8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)<br><b>n/a</b><br><br>Area Code and Phone _____   |  |
| 9. TYPE OF STATEMENT<br>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election<br><br>Pre-Election or Post-Election Statement relates to:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Convention<br><input type="checkbox"/> Special<br><input type="checkbox"/> School<br><input type="checkbox"/> Caucus<br><br>Date of Election, Convention or Caucus<br>_____ |  | Required ONLY if candidate is not on the ballot for the current year:<br><input checked="" type="checkbox"/> July Quarterly<br><input type="checkbox"/> October Quarterly<br><br>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year<br><br>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)   |  |
|   |  | 9e. Dissolution of Candidate Committee<br><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.<br><br>Further, If the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.<br><br>Effective date of dissolution<br>_____<br><br>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. |  |
| 10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.   |  |   |  |
| Current Treasurer or Designated Record Keeper <b>Thomas L. Hickner</b><br>Type or Print Name  |  | Signature  Date <b>9-8-2014</b>  |  |
| Candidate <b>Thomas L. Hickner</b><br>Type or Print Name  |  | Signature  Date <b>9-8-2014</b>  |  |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 14074

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Tom Hickner for County Executive

| RECEIPTS  | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|---|--------------------------------|---|
| <b>3. Contributions</b>   |                                |   |
| a. Itemized (Schedule 1A - Column 6)  | (3a.) \$ <u>5,495.00</u>       |   |
| b. Unitemized (less than \$20.01 each - no Schedule)  | (3b.) \$ <u>NOT APPLICABLE</u> |   |
| c. Subtotal of "Contributions"  | (3c.) \$ <u>5,495.00</u>       | (18.) \$ <u>5,495.00</u>                    |
| 4. Other Receipts (Schedule 1A -1, Column 6)  | (4.) \$ <u>\$0.00</u>          | (19.) \$ <u>\$0.00</u>                      |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>5,495.00</u>        | (20.) \$ <u>5,495.00</u>                    |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>   |                                |   |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)  | (6.) \$ <u>\$0.00</u>          | (21.) \$ <u>\$0.00</u>                      |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)  | (7.) \$ <u>\$0.00</u>          | (22.) \$ <u>\$0.00</u>                      |
| <b>EXPENDITURES</b>   |                                |   |
| <b>8. Expenditures</b>  |                                |   |
| a. Itemized (Schedule 1B, Column 6)   | (8a.) \$ <u>\$2,550.88</u>     |   |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)  | (8b.) \$ <u>\$0.00</u>         |   |
| c. Unitemized (less than \$50.01 each - no Schedule)  | (8c.) \$ <u>\$0.00</u>         |   |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>\$2,550.88</u>      | (23.) \$ <u>\$2,550.88</u>                  |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                 |                                |   |
| <b>10. Disbursements</b>  |                                |   |
| a. Itemized (Schedule 1C, Column 6)   | (10a.) \$ <u>\$2,934.25</u>    |   |
| b. Unitemized (less than \$50.01 each - no Schedule)  | (10b.) \$ <u>\$0.00</u>        |   |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>\$2,934.25</u>     | (24.) \$ <u>\$2,934.25</u>                  |
| <b>DEBTS AND OBLIGATIONS</b>  |                                |   |
| <b>12. Debts and Obligations</b>  |                                |   |
| a. Owed by the Committee (Schedule 1E)  | (12a.) \$ <u>\$0.00</u>        |   |
| b. Owed to the Committee (Schedule 1E)  | (12b.) \$ <u>\$0.00</u>        |   |
| <b>BALANCE STATEMENT</b>  |                                |   |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>\$960.84</u>       |   |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>5,495.00</u>     |   |
| 15. SUBTOTAL Add lines 13 and 14  | (15.) = \$ <u>6,455.84</u>     |   |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>5,485.13</u>     |   |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)   | (17.) \$ <u>\$970.71</u>       | *   |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickman for County Executive

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.   |  | 6. Amount                                       | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|---|---|
| <p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4-3-14</u></p> <p>Name &amp; Address:<br/>Doug Wirt<br/>226 Althone Beach<br/>Bay City, MI 48706</p> <p>5. If _____<br/>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>                 |  | \$ <u>100<sup>00</sup></u>                      | \$ <u>100<sup>00</sup></u>  |
|   |  | <a href="#">Click Here for Memo Itemization</a> |   |
| <p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3-9-14</u></p> <p>Name<br/>Terry/Diane Wagar<br/>2696 S. Westgate<br/>Bay City, MI 48706</p> <p>5. If _____<br/>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>                          |  | \$ <u>50<sup>00</sup></u>                       | \$ <u>50</u>  |
|   |  | <a href="#">Click Here for Memo Itemization</a> |   |
| <p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3-13-14</u></p> <p>Name &amp; Address:<br/>Eric Welsby<br/>4095 Cambria Drive<br/># 1<br/>Bay City, MI 48706</p> <p>5. If <u>ov</u><br/>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p> |  | \$ <u>25<sup>00</sup></u>                       | \$ <u>25</u>  |
|   |  | <a href="#">Click Here for Memo Itemization</a> |   |
| <p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3-13-14</u></p> <p>Name &amp; Address:<br/>Terry/Peggy Watson<br/>93 River Trail<br/>Bay City, MI 48706</p> <p>5. If <u>ov</u><br/>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>      |  | \$ <u>25<sup>00</sup></u>                       | \$ <u>25</u>  |
|   |  | <a href="#">Click Here for Memo Itemization</a> |   |

Page Subtotal

200.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 14074  
2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |  | 6. Amount                       | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|---------------------------------|---|
| 3. Contribution # 1<br>Name & Address: Kenneth Petersen<br>3058 Lantern Court<br>Bay City, MI 48706<br>4. Date of Receipt <u>4-14-14</u>  |  | \$ <u>100<sup>00</sup></u>      | \$ <u>100</u>   |
| 5. If over \$100.00 c<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |  | Click Here for Memo Itemization |   |
| 3. Contribution # 2<br>Name & Address: Joseph/Sharon Janicke<br>525 S Linwood Beach<br>Linwood, MI 48634<br>4. Date of Receipt <u>4-25-14</u>   |  | \$ <u>50<sup>00</sup></u>       | \$ <u>50</u>  |
| 5. If over \$10<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |  | Click Here for Memo Itemization |   |
| 3. Contribution # 3<br>Name & Address: Jack/ <del>Francis</del> Gilbert<br>3475 Highland<br>Bay City, MI 48706<br>4. Date of Receipt <u>4-23-14</u>   |  | \$ <u>100<sup>00</sup></u>      | \$ <u>100</u>   |
| 5. If over \$10<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |  | Click Here for Memo Itemization |   |
| 3. Contribution # 4<br>Name & Address: Denny/Marie Hayes<br>114 N Sheridan<br>Bay City, MI 48708<br>4. Date of Receipt <u>4-5-14</u>  |  | \$ <u>100<sup>00</sup></u>      | \$ <u>100</u>   |
| 5. If over \$1<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |  | Click Here for Memo Itemization |   |

Page Subtotal 350.00

Grand Total of All Schedules 1A  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 14074  
2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                         | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|-----------------------------------|---|
| 3. Contribution #1<br>Name & Address:<br>Gene/Lydia Lehnhardt<br>4870 Appletree Ln.<br>Bay City, MI 48706   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-3-14</u>  | \$ <u>25<sup>00</sup></u> \$ <u>25</u>  |
| 5. If over _____<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |   | Click Here for Memo Itemization   |   |
| 3. Contribution #2<br>Name & Address:<br>Kathleen A. Leikert<br>3304 Evergreen<br>Bay City, MI 48706  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-7-14</u>  | \$ <u>25<sup>00</sup></u> \$ <u>25</u>  |
| 5. If over _____<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |   | Click Here for Memo Itemization   |   |
| 3. Contribution #3<br>Name & Address:<br>Don/Rita Hare<br>2920 Blueberry Place<br>Saginaw, MI 48603   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-21-14</u> | \$ <u>25<sup>00</sup></u> \$ <u>25</u>  |
| 5. If over _____<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |   | Click Here for Memo Itemization   |   |
| 3. Contribution #4<br>Name & Address:<br>Jim/M.J. Koski<br>4050 Hackett Road<br>Saginaw, MI 48603   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-15-14</u> | \$ <u>50<sup>00</sup></u> \$ <u>50</u>  |
| 5. If over _____<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |   | Click Here for Memo Itemization   |   |

Page Subtotal 125.00

Grand Total of All Schedules 1A  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

14074

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 3-13-14

Name &

Jerry/Wanda Dziwura Somalski  
1147 N. Pine Road  
Essexville, MI 48732

\$ 100.00

\$ 100

5. If over

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 3-5-14

Name & A

Richard/Marilyn Somalski  
1630 N Southeast Boutell  
Essexville, MI 48732

\$ 100.00

\$ 100

5. If over

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 3-13-14

Name & Ad

Joe/Joann Sheeran  
1206 Wilderness Ct.  
Essexville, MI 48732

\$ 100.00

\$ 100

5. If over:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 3-11-14

Name & Address

Jim/Denise Schell  
1586 St. Marys Court  
Essexville, MI 48732

\$ 25.00

\$ 25

5. If over

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

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325.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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1. Committee I.D. Number 14074

2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                                       | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|---|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-13-14</u>               |   |
| Name & Address<br>Eric/Bev Zimostrad<br>1105 Maple<br>Essexville, MI 48732  |   |   |   |
| 5. If <input type="checkbox"/> Occupation _____ <input type="checkbox"/> Employer _____   |   | \$ <u>50<sup>00</sup></u>                       | \$ <u>50</u>  |
| Business Address _____  |   | <a href="#">Click Here for Memo Itemization</a> |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |   |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-13-14</u>               |   |
| Name & Address<br>Mark/Renee Van Poppelen<br>800 Wells Court<br>Bay City, MI 48708  |   |   |   |
| 5. If <input type="checkbox"/> Occupation _____ <input type="checkbox"/> Employer _____   |   | \$ <u>100<sup>00</sup></u>                      | \$ <u>100</u>   |
| Business Address _____  |   | <a href="#">Click Here for Memo Itemization</a> |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |   |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-13-14</u>               |   |
| Name & Address<br>Frank/Nancy Quinn<br>4110 Creekwood Cir.<br>Bay City, MI 48706-5647   |   |   |   |
| 5. If <input type="checkbox"/> Occupation _____ <input type="checkbox"/> Employer _____   |   | \$ <u>25<sup>00</sup></u>                       | \$ <u>25</u>  |
| Business Address _____  |   | <a href="#">Click Here for Memo Itemization</a> |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |   |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-6-14</u>                |   |
| Name & Address<br>Carrie/Scott Peterson<br>401 Center Avenue<br>Suite 150<br>Bay City, MI 48708   |   |   |   |
| 5. If <input type="checkbox"/> Occupation _____ <input type="checkbox"/> Employer _____   |   | \$ <u>100<sup>00</sup></u>                      | \$ <u>100</u>   |
| Business Address _____  |   | <a href="#">Click Here for Memo Itemization</a> |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |   |   |

275.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                         | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|-----------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-12-14</u> |   |
| Name <u>Joel/Michelle Strasz</u><br><u>417 Fillmore Place</u><br><u>Bay City, MI 48708-0000</u>   |   | \$ <u>25<sup>00</sup></u>         | \$ <u>25</u>  |
| 5. If <u>ov</u><br>Occupation _____ Employer _____  |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-1-14</u>  |   |
| Name & <u>Mike/Kim Dodge</u><br><u>2315 Vina Court</u><br><u>Bay City, MI 48708</u>   |   | \$ <u>25<sup>00</sup></u>         | \$ <u>25</u>  |
| 5. If <u>ov</u><br>Occupation _____ Employer _____  |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-11-14</u> |   |
| Name <u>Ralph Isackson</u><br><u>916 Washington Avenue</u><br><u>309 Davidson Building</u><br><u>Bay City, MI 48708</u>   |   | \$ <u>25<sup>00</sup></u>         | \$ <u>25</u>  |
| 5. If <u>ov</u><br>Occupation _____ Employer _____  |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-5-14</u>  |   |
| Name & <u>Art Dore</u><br><u>PO Box 146</u><br><u>Bay City, MI 48707</u>  |   | \$ <u>100<sup>00</sup></u>        | \$ <u>100</u>   |
| 5. If <u>ov</u><br>Occupation _____ Employer _____  |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |

Page Subtotal

175.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 14074  
2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                         | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|-----------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-10-14</u> |   |
| Name & Address<br>Stephen/Dena Wirt<br>196 Athlone Beach<br>Bay City, MI 48706  |   | \$ <u>100<sup>00</sup></u>        | \$ <u>100</u>   |
| 5. If <input type="checkbox"/><br>Occupation _____ Employer _____   |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-4-14</u>  |   |
| Name & Address<br>William W/Carol Wright<br>1513 Raymond St.<br>Bay City, MI 48708  |   | \$ <u>30<sup>00</sup></u>         | \$ <u>30</u>  |
| 5. If <input type="checkbox"/><br>Occupation _____ Employer _____   |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-13-14</u> |   |
| Name & Address<br>Howard/Julie Wetters<br>1866 Wetters Road<br>Kawkawlin, MI 48631  |   | \$ <u>50<sup>00</sup></u>         | \$ <u>50</u>  |
| 5. If <input type="checkbox"/><br>Occupation _____ Employer _____   |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-13-14</u> |   |
| Name & Address<br>Cristen Gignac<br>1200 Center<br>Apartment 5<br>Bay City, MI 48708  |   | \$ <u>50<sup>00</sup></u>         | \$ <u>50</u>  |
| 5. If <input type="checkbox"/><br>Occupation _____ Employer _____   |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |

Page Subtotal 230<sup>00</sup>

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 14074  
2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                         | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|-----------------------------------|---|
| 3. Contribution #1  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-11-14</u> |   |
| Name: <u>Mark/Deanne Berger</u><br><u>2235 Carroll Rd.</u><br><u>Bay City, MI 48708</u>   |   | <u>\$ 25<sup>00</sup></u>         | <u>\$ 25</u>  |
| 5. If _____<br>Occupation _____ Employer _____  |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-13-14</u> |   |
| Name: <u>Larry/Mimi Boon</u><br><u>800 Thompson</u><br><u>Essexville, MI 48732</u>  |   | <u>\$ 50<sup>00</sup></u>         | <u>\$ 50</u>  |
| 5. If _____<br>Occupation _____ Employer _____  |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution #3  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-3-14</u>  |   |
| Name: <u>Melvyn/Myrna Adelman</u><br><u>401 Meadow Dr</u><br><u>Essexville, MI 48732</u>  |   | <u>\$ 50<sup>00</sup></u>         | <u>\$ 50</u>  |
| 5. If _____<br>Occupation _____ Employer _____  |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution #4  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-13-14</u> |   |
| Name & Address: <u>Jerry Cole</u><br><u>2309 Gysin Ct.</u><br><u>Bay City, MI 48708</u>   |   | <u>\$ 25<sup>00</sup></u>         | <u>\$ 25</u>  |
| 5. If _____<br>Occupation _____ Employer _____  |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |

Page Subtotal 150.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.  |  | 6. Amount       | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|-----------------|---|
| <p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Name &amp; Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation _____ Employer _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>                           |  | \$ _____        | \$ _____  |
| <p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3-13-14</u></p> <p>Name<br/>James/Vicki Barcia<br/>3190 Hidden Rd.<br/>Bay City, MI 48706-1203</p> <p>5. If<br/>Occupation _____ Employer _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>           |  | \$ <u>25.00</u> | \$ <u>25</u>  |
| <p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Name &amp; Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation _____ Employer _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>                           |  | \$ _____        | \$ _____  |
| <p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3-14-14</u></p> <p>Name &amp; Address<br/>Boyd/Mary Boettger<br/>505 Harold<br/>Bay City, MI 48708</p> <p>5. If over<br/>Occupation _____ Employer _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> |  | \$ <u>50.00</u> | \$ <u>50</u>  |

Page Subtotal

75

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. |   | 6. Amount                         | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|---|-----------------------------------|---|
| 3. Contribution #1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-3-14</u>  |   |
| Name & Address:<br>William/Laurie Berner<br>271 Donahue Bch. Dr.<br>Bay City, MI 48706   |   | \$ <u>100<sup>00</sup></u>        | \$ <u>100</u>   |
| 5. If over \$ _____<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |   | Click Here for Memo Itemization   |   |
| 3. Contribution #2   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-14-14</u> |   |
| Name & Address:<br>Patsy Brock<br>200 S. Wenona<br>Bay City, MI 48706  |   | \$ <u>50<sup>00</sup></u>         | \$ <u>50</u>  |
| 5. If over \$ _____<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |   | Click Here for Memo Itemization   |   |
| 3. Contribution #3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-5-14</u>  |   |
| Name & Address:<br>Tim/Beth Boutell<br>855 S Linwood Beach<br>Linwood, MI 48634  |   | \$ <u>100<sup>00</sup></u>        | \$ <u>100</u>   |
| 5. If over \$ _____<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |   | Click Here for Memo Itemization   |   |
| 3. Contribution #4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-4-14</u>  |   |
| Name & Address:<br>William/Marian Gregory<br>264 Jennison Place<br>Bay City, MI 48708-5699   |   | \$ <u>25<sup>00</sup></u>         | \$ <u>25</u>  |
| 5. If over \$ _____<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |   | Click Here for Memo Itemization   |   |

Page Subtotal

275.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

14074

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 3-13-14

Name

Mike/Sandy Buda  
526 Handy Dr  
Bay City, MI 48706

\$ 25<sup>00</sup>

\$ 25

Click Here for Memo Itemization

5.

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 3-4-14

Name

Bruce Cook  
702 Frost Drive  
Bay City, MI 48706

\$ 25<sup>00</sup>

\$ 25

Click Here for Memo Itemization

5.

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 9-3-14-14

Name & Address

Troy Cunningham  
5209 Prairie Creek  
Bay City, MI 48706

\$ 25<sup>00</sup>

\$ 25

Click Here for Memo Itemization

5. If

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 3-13-14

Name

Pat Beson  
1946 E River Rd  
Kawkawlin, MI 48631

\$ 50<sup>00</sup>

\$ 50

Click Here for Memo Itemization

5. 1

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

125

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

14074

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 3-4-14

Name & /

Robert Frank  
3858 S. Graham  
Saginaw, MI 48809-977

\$ 100<sup>00</sup> \$ 100

5. If over

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 3-14-14

Name & /

Bill/Elaine Fournier  
1020 N. Water Street  
Bay City, MI 48708

\$ 25<sup>00</sup> \$ 25

5. If over

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 3-13-14

Name & Address

Harry P./Konnie Gill Jr.  
3030 W Riverview Dr  
Bay City, MI 48706-1347

\$ 100<sup>00</sup> \$ 100

5. If over

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 3-3-14

Name & Address

Ken/Michele Grzegorzczuk  
2889 Queen Annes Ct.  
Bay City, MI 48706-3067

\$ 25<sup>00</sup> \$ 25

5. If over

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

Page Subtotal

250

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 14074  
2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.   |  | 6. Amount                  | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|----------------------------|---|
| <p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3-11-14</u></p> <p>Name &amp; Address:<br/>Walt/Marty Fitzhugh<br/>3077 Oakwood Ct.<br/>Bay City, MI 48706</p> <p>5. If over _____<br/>Occupation _____ Employer _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>    |  | \$ <u>100<sup>00</sup></u> | \$ <u>100</u>   |
| <p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Name &amp; Address _____</p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation _____ Employer _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>  |  | \$ _____                   | \$ _____  |
| <p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3-12-14</u></p> <p>Name &amp; Address:<br/>Gene Gillette Ed. D.<br/>200 N. Chilson<br/>Bay City, MI 48706</p> <p>5. If over _____<br/>Occupation _____ Employer _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>     |  | \$ <u>25<sup>00</sup></u>  | \$ <u>25</u>  |
| <p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3-1-14</u></p> <p>Name &amp; Address:<br/>David Dittenber<br/>12813 Hotchkiss Road<br/>Feeland, MI 48623-9360</p> <p>5. If over _____<br/>Occupation _____ Employer _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> |  | \$ <u>100<sup>00</sup></u> | \$ <u>100</u>   |

Page Subtotal 225

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

14074

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 3-13-14

Name

James M. Hollerbach  
5231 Parkway  
Bay City, MI 48706

\$ 25<sup>00</sup>

\$ 25

5. If

Occupation Employer

Business Address

Click Here for Memo Itemization

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 3-21-14

Name

Michael/Ida Halstead  
2322 Bay Woods Court  
Bay City, MI 48706

\$ 20<sup>00</sup>

\$ 20

5. If

Occupation Employer

Business Address

Click Here for Memo Itemization

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 3-8-14

Name

Marty/Jackie Hornacek  
609 Glenview Ct.  
Pinconning, MI 48650-8443

\$ 50<sup>00</sup>

\$ 50

5. If

Occupation Employer

Business Address

Click Here for Memo Itemization

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$

\$

5. If over \$100.00 cumulative, please provide:

Occupation Employer

Business Address

Click Here for Memo Itemization

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

95

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

14074

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 3-14-14

Name Chris Hennessy  
1015 Center Avenue  
Bay City, MI 48708

\$ 25<sup>00</sup>

\$ 25

Click Here for Memo Itemization

5.

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 3-14-14

Name Walter Hagen  
4650 Elm Drive  
Bay City, MI 48708

\$ 25<sup>00</sup>

\$ 25

Click Here for Memo Itemization

5.

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt \_\_\_\_\_

Name & Address:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 3-4-14

Name John Howland MD  
2110 16th St.  
Bay City, MI 48708

\$ 25<sup>00</sup>

\$ 25

Click Here for Memo Itemization

5. If

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

75

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                         | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|-----------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-13-14</u> |   |
| Name <u>Erl Kivisto</u><br><u>1277 Cecelia Rd.</u><br><u>Essexville, MI 48732</u>   |   | \$ <u>25<sup>00</sup></u>         | \$ <u>25</u>  |
| 5. If (_____) Occupation _____ Employer _____   |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-3-14</u>  |   |
| Name & Address <u>Thomas Kinney</u><br><u>1400 W Borton</u><br><u>Essexville, MI 48732</u>  |   | \$ <u>50<sup>00</sup></u>         | \$ <u>50</u>  |
| 5. If (_____) Occupation _____ Employer _____   |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-14-14</u> |   |
| Name <u>Jean Leaming</u><br><u>37 E Sharlear Drive</u><br><u>Essexville, MI 48732</u>   |   | \$ <u>25<sup>00</sup></u>         | \$ <u>25</u>  |
| 5. If (_____) Occupation _____ Employer _____   |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-14-14</u> |   |
| Name <u>Janelle Lake</u><br><u>1508 4th Street</u><br><u>Bay City, MI 48708</u>   |   | \$ <u>25<sup>00</sup></u>         | \$ <u>25</u>  |
| 5. If (_____) Occupation _____ Employer _____   |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |

Page Subtotal 125

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                         | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|-----------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-3-14</u>  |   |
| Name & Address:<br>Thomas/Mimi Laporte<br>2230 Groveland Rd.<br>Bay City, MI 48708  |   | \$ <u>100<sup>00</sup></u>        | \$ <u>100</u>   |
| Employer _____  |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-7-14</u>  |   |
| Name<br>Dr. John/Suzanne Ley<br>7492 Cypress Pointe<br>Bay City, MI 48706-9306  |   | \$ <u>50<sup>00</sup></u>         | \$ <u>50</u>  |
| Employer _____  |   | Click Here for Memo Itemization   |   |
| Occupation _____  |   |                                   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>2-25-14</u> |   |
| Name<br>Michigan Laborers' PAC<br>1118 California Way, Suite 100<br>Lansing, MI 48917--928  |   | \$ <u>250<sup>00</sup></u>        | \$ <u>250</u>   |
| Employer _____  |   | Click Here for Memo Itemization   |   |
| Occupation _____  |   |                                   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-14-14</u> |   |
| Name<br>Bob/Kathryn Pilarski<br>1963 Hatch Rd.<br>Bay City, MI 48708  |   | \$ <u>50<sup>00</sup></u>         | \$ <u>50</u>  |
| Employer _____  |   | Click Here for Memo Itemization   |   |
| Occupation _____  |   |                                   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |

Page Subtotal 450

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                         | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|-----------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-14-14</u> |   |
| Name & Add<br>Christopher Izworski<br>3125 Oakbrook Way<br>Bay City, MI 48706   |   | \$ <u>25<sup>00</sup></u>         | \$ <u>25</u>  |
| 5. If over \$:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |   | Click Here for Memo Itemization   |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-14-14</u> |   |
| Name & Add<br>Melvin/Kay McNally<br>2081 S Fraser<br>Kawkawlin, MI 48631  |   | \$ <u>50<sup>00</sup></u>         | \$ <u>50</u>  |
| 5. If over \$:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |   | Click Here for Memo Itemization   |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-13-14</u> |   |
| Name & Add<br>Bob/Jeannie Traxler<br>2732 Oakmont Dr.<br>Saginaw, MI 48638  |   | \$ <u>50<sup>00</sup></u>         | \$ <u>50</u>  |
| 5. If over \$:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |   | Click Here for Memo Itemization   |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____          |   |
| Name & Address<br>_____<br>_____<br>_____   |   | \$ _____                          | \$ _____  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |   | Click Here for Memo Itemization   |   |

Page Subtotal

125

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                         | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|-----------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-13-14</u> |   |
| Name: John/Kay Meyer<br>5672 Firethorne Drive<br>Bay City, MI 48706   |   | \$ <u>50<sup>00</sup></u>         | \$ <u>50</u>  |
| 5. Occupation _____ Employer _____  |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution # 2   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-13-14</u> |   |
| Name: Robert/Mary Miles<br>705 Park Ave<br>Bay City, MI 48708   |   | \$ <u>25<sup>00</sup></u>         | \$ <u>25</u>  |
| 5. If Occupation _____ Employer _____   |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-14-14</u> |   |
| Name: Richard/Phyllis Meeth<br>2211 McKinley Street<br>Bay City, MI 48708   |   | \$ <u>25<sup>00</sup></u>         | \$ <u>25</u>  |
| 5. If Occupation _____ Employer _____   |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-13-14</u> |   |
| Name: Nancy McDonough<br>607 Nurmi Ct.<br>Bay City, MI 48708  |   | \$ <u>100<sup>00</sup></u>        | \$ <u>100</u>   |
| 5. If Occupation _____ Employer _____   |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |

Page Subtotal

200

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount  | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|--|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-13-14</u>                  |   |
| Name: Jeff/Michelle Mayes<br>4297 Zander Dr.<br>Bay City, MI 48706  |   | \$ <u>100<sup>00</sup></u>                         | \$ <u>100</u>   |
| 5. If _____<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   | Click Here for Memo Itemization                    |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-5-14</u>                   |   |
| Name: Rodney/Marilyn McFarland<br>601 N Wenona St<br>Bay City, MI 48706   |   | \$ <u>25<sup>00</sup></u>                          | \$ <u>25</u>  |
| 5. If _____<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   | Click Here for Memo Itemization                    |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u><del>2-8-00</del> 3-3-14</u> |   |
| Name: Fred/Mary Ann Meyer<br>5611 Meadow View Drive<br>Bay City, MI 48706   |   | \$ <u>25<sup>00</sup></u>                          | \$ <u>25</u>  |
| 5. If _____<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   | Click Here for Memo Itemization                    |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____                           |   |
| Name & Address _____  |   | \$ _____   | \$ _____  |
| 5. If over \$100.00 cumulative, please _____<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                        |   | Click Here for Memo Itemization                    |   |

Page Subtotal 150

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) 150

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line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 14074  
2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.   |  | 6. Amount        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|------------------|---|
| <p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-10-14</u></p> <p>Name &amp; Address: <u>Richard/Carole Milster</u><br/><u>210 Pendleton Street</u><br/><u>Bay City, MI 48708</u></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation _____ Employer _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> |  | \$ <u>100.00</u> | \$ <u>100</u>   |
| <p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-5-14</u></p> <p>Name &amp; Address: <u>Scott/Doreen Newcombe</u><br/><u>5616 Firethorne Drive</u><br/><u>Bay City, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation _____ Employer _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>   |  | \$ <u>50.00</u>  | \$ <u>50</u>  |
| <p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name &amp; Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation _____ Employer _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>  |  | \$ _____         | \$ _____  |
| <p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-18-14</u></p> <p>Name &amp; Address: <u>Laura Ogar</u><br/><u>601 N. Hampton</u><br/><u>Bay City, MI 48708</u></p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation _____ Employer _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>                   |  | \$ <u>50.00</u>  | \$ <u>50</u>  |

Page Subtotal 200

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 14074  
2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.   |  | 6. Amount                 | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|---------------------------|---|
| <p>3. Contribution #1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3-5-14</u></p> <p>Name &amp; Address:<br/>Charles A. Pinkerton<br/>1424 Straits Drive<br/>Bay City, MI 48706</p> <p>5. If _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p> |  | \$ <u>50<sup>00</sup></u> | \$ <u>50</u>  |
| <p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3-12-14</u></p> <p>Name:<br/>Rick/Tina Pabalis<br/>5431 Christena Rd.<br/>Bay City, MI 48706</p> <p>5. If _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>                 |  | \$ <u>35<sup>00</sup></u> | \$ <u>35</u>  |
| <p>3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Name &amp; Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation _____ Employer _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>                                  |  | \$ _____                  | \$ _____  |
| <p>3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Name &amp; Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:<br/>Occupation _____ Employer _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>                                  |  | \$ _____                  | \$ _____  |

Page Subtotal 85  
Grand Total of All Schedules 1A  
(Complete on last page of Schedule) —

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line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 14874

2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.  |  | 6. Amount                                       | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|---|---|
| <p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3-8-14</u></p> <p>Name <u>Dave/Dolores Rogers</u><br/><u>4659 Dale Ct.</u><br/><u>Bay City, MI 48706</u></p> <p>5. If c<br/>Occupation _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct    <input type="checkbox"/> Loan from a person    <input checked="" type="checkbox"/> Fund Raiser</p>                 |  | \$ <u>100<sup>00</sup></u>                      | \$ <u>100</u>   |
|  |  | <a href="#">Click Here for Memo Itemization</a> |   |
| <p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3-14-14</u></p> <p>Name <u>Juli Reynolds</u><br/><u>370 Revilo</u><br/><u>Bay City, MI 48706</u></p> <p>5. If c<br/>Occupation _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct    <input type="checkbox"/> Loan from a person    <input checked="" type="checkbox"/> Fund Raiser</p>                          |  | \$ <u>50<sup>00</sup></u>                       | \$ <u>50</u>  |
|  |  | <a href="#">Click Here for Memo Itemization</a> |   |
| <p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3-13-14</u></p> <p>Name &amp; Address <u>Robert/Lori Redmond</u><br/><u>201 N Mountain</u><br/><u>Bay City, MI 48706</u></p> <p>5. If o<br/>Occupation _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct    <input type="checkbox"/> Loan from a person    <input checked="" type="checkbox"/> Fund Raiser</p> |  | \$ <u>100<sup>00</sup></u>                      | \$ <u>100</u>   |
|  |  | <a href="#">Click Here for Memo Itemization</a> |   |
| <p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>3-12-14</u></p> <p>Name &amp; Address <u>Brian Redmond</u><br/><u>11 Bayshore Dr</u><br/><u>Bay City, MI 48706</u></p> <p>5. If c<br/>Occupation _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct    <input type="checkbox"/> Loan from a person    <input checked="" type="checkbox"/> Fund Raiser</p>       |  | \$ <u>100<sup>00</sup></u>                      | \$ <u>100</u>   |
|  |  | <a href="#">Click Here for Memo Itemization</a> |   |

Page Subtotal

350

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                         | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|-----------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-12-14</u> |   |
| Name &<br>Steve/Marjorie Rogers<br>212 Spring Creek Place NE<br>Albuquerque, NM 87122   |   |                                   | \$ <u>50<sup>00</sup></u> \$ <u>50</u>  |
| 5. If ov<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |   | Click Here for Memo Itemization   |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-14-14</u> |   |
| Name<br>Michele Reilly<br>1701 Helen St.<br>Bay City, MI 48708  |   |                                   | \$ <u>25<sup>00</sup></u> \$ <u>25</u>  |
| 5. If o<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   | Click Here for Memo Itemization   |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-8-14</u>  |   |
| Name<br>Mike/Debra Russell<br>1574 St. Mary's Ct.<br>Essexville, MI 48732   |   |                                   | \$ <u>50<sup>00</sup></u> \$ <u>50</u>  |
| 5. If<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   | Click Here for Memo Itemization   |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-29-14</u> |   |
| Name &<br>Paul/Peggy Rowley<br>PO Box 1115<br>Bay City, MI 48707  |   |                                   | \$ <u>25<sup>00</sup></u> \$ <u>25</u>  |
| 5. If ov<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |   | Click Here for Memo Itemization   |   |

Page Subtotal

150

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |   | 6. Amount                         | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|-----------------------------------|---|
| 3. Contribution # 1   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-13-14</u> |   |
| Name<br>Jeff Sawyer<br>Great Lakes Renewable Energy<br>414 S. Henry<br>Bay City, MI 48706   |   | \$ <u>50<sup>00</sup></u>         | \$ <u>50</u>  |
| 5. II<br>Occupation _____ Employer _____  |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-14-14</u> |   |
| Name & Address<br>L.S. Sayen<br>209 Warner Street<br>Bay City, MI 48706   |   | \$ <u>25<sup>00</sup></u>         | \$ <u>25</u>  |
| 5.<br>Occupation _____ Employer _____   |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution # 3   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-14-14</u> |   |
| Name & Address<br>Lydia Solinski<br>403 E. Salzburg<br>Bay City, MI 48706   |   | \$ <u>25<sup>00</sup></u>         | \$ <u>25</u>  |
| 5.<br>Occupation _____ Employer _____   |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |
| 3. Contribution # 4   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>3-14-14</u> |   |
| Name & Address<br>Brandon/Kristin Short<br>3306 Fraser Road<br>Bay City, MI 48706   |   | \$ <u>60<sup>00</sup></u>         | \$ <u>60</u>  |
| 5.<br>Occupation _____ Employer _____   |   | Click Here for Memo Itemization   |   |
| Business Address _____  |   |                                   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |

Page Subtotal 160

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

14074

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution #1

PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

\$

\$

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt

3-17-17

Name & Address:

Mike Stodolak  
Independent Bank  
623 Washington Avenue  
Bay City, MI 48708

\$ 25<sup>00</sup>

\$ 25

5. If over \$

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3

PAC Receipt? ☐ YES

4. Date of Receipt

3-10-17

Name & Address:

Andrea Studders  
215 Ames St  
Bay City, MI 48708

\$ 25<sup>00</sup>

\$ 25

5. If over \$

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4

PAC Receipt? ☐ YES

4. Date of Receipt

3-13-17

Name & Address:

Marlene Sundberg  
609 N. Trumbull Street  
Bay City, MI 48708

\$ 25<sup>00</sup>

\$ 25

5. If over \$1

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

75

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |  | 6. Amount                       | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|---------------------------------|---|
| 3. Contribution #1<br>Name /<br>Donald/Angela Scherzer<br>5470 4 Mile Road<br>Bay City, MI 48706  | PAC Receipt? <input type="checkbox"/> YES<br>4. Date of Receipt <u>3-14-14</u> | \$ <u>100<sup>00</sup></u>      | \$ <u>100</u>   |
| 5. If o<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |  | Click Here for Memo Itemization |   |
| 3. Contribution #2<br>Name & /<br>Peter Seward<br>5610 W. Spring Knoll Drive<br>Bay City, MI 48706  | PAC Receipt? <input type="checkbox"/> YES<br>4. Date of Receipt <u>3-13-14</u> | \$ <u>50<sup>00</sup></u>       | \$ <u>50</u>  |
| 5. If ove<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |  | Click Here for Memo Itemization |   |
| 3. Contribution #3<br>Name & A<br>Lewis Seward<br>1009 Washington Ave<br>Bay City, MI 48707-0795  | PAC Receipt? <input type="checkbox"/> YES<br>4. Date of Receipt <u>3-13-14</u> | \$ <u>75<sup>00</sup></u>       | \$ <u>75</u>  |
| 5. If over<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |  | Click Here for Memo Itemization |   |
| 3. Contribution #4<br>Name &<br>Bob Super<br>205 Oakland Drive<br>Essexville, MI 48732  | PAC Receipt? <input type="checkbox"/> YES<br>4. Date of Receipt <u>3-14-14</u> | \$ <u>25<sup>00</sup></u>       | \$ <u>25</u>  |
| 5. If o<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |  | Click Here for Memo Itemization |   |

Page Subtotal

250

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |  | 6. Amount                       | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|---------------------------------|---|
| 3. Contribution # 1<br>Name & Address:<br><br>William/Barb Webber<br>683 S. Linwood Beach Road<br>Linwood, MI 48634   | PAC Receipt? <input type="checkbox"/> YES<br>4. Date of Receipt <u>3-6-14</u>  | \$ <u>100<sup>00</sup></u>      | \$ <u>100</u>   |
| 5. If contributor is an individual, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                 |  | Click Here for Memo Itemization |   |
| 3. Contribution #2<br>Name & Address:   | PAC Receipt? <input type="checkbox"/> YES<br>4. Date of Receipt _____          | \$ <u>—</u>                     | \$ <u>—</u>   |
| 5. If over \$50 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                         |  | Click Here for Memo Itemization |   |
| 3. Contribution # 3<br>Name & Address:<br><br>Herbert/Kathryn Spence III<br>49 Benton Road<br>Saginaw, MI 48602   | PAC Receipt? <input type="checkbox"/> YES<br>4. Date of Receipt <u>3-11-14</u> | \$ <u>100<sup>00</sup></u>      | \$ <u>100</u>   |
| 5. If contributor is an individual, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                 |  | Click Here for Memo Itemization |   |
| 3. Contribution # 4<br>Name & Address:<br><br>Thomas E. Schindler<br>261 E Townline Rd<br>Auburn, MI 48611  | PAC Receipt? <input type="checkbox"/> YES<br>4. Date of Receipt <u>3-14-14</u> | \$ <u>25<sup>00</sup></u>       | \$ <u>25</u>  |
| 5. If contributor is an individual, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                 |  | Click Here for Memo Itemization |   |

Page Subtotal

225

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

5775

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line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 14074  
2. Committee Name \_\_\_\_\_

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.   |  | 6. Amount                 | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|---------------------------|---|
| <p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-26-14</u></p> <p>Name <u>Martin/Ruth Jaffe M.D.</u><br/><u>102 Boehringer Ct</u><br/><u>Bay City, MI 48708</u></p> <p>5. Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>             |  | \$ <u>25<sup>00</sup></u> | \$ <u>25</u>  |
| <p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-14-14</u></p> <p>Name &amp; Address <u>Mark/Kathy Janer</u><br/><u>1701 Mosher St.</u><br/><u>Bay City, MI 48706</u></p> <p>5. If on Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> |  | \$ <u>25<sup>00</sup></u> | \$ <u>25</u>  |
| <p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-18-14</u></p> <p>Name &amp; Address <u>Tom Ryder</u><br/><u>601 N. Hampton</u><br/><u>Bay City, MI 48708</u></p> <p>5. If over \$ Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>    |  | \$ <u>50<sup>00</sup></u> | \$ <u>50</u>  |
| <p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-12-14</u></p> <p>Name &amp; Address <u>Marilyn Grigg</u><br/><u>2421 Lakeview Ct.</u><br/><u>Bay City, MI 48706-9359</u></p> <p>5. If Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>           |  | \$ <u>50<sup>00</sup></u> | \$ <u>50</u>  |

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Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

5495

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ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

| 3. Name and address of person or vendor to whom paid  | 4. Purpose (Required Information)   | 5. Date                 | 6. Amount         |
|---|---|-------------------------|-------------------|
| Expenditure #1<br>Name <u>Bay City Democrat</u><br>Address<br><u>PO Box 278</u><br><u>Bay City MI 48706</u><br><input checked="" type="checkbox"/> Fund Raiser        | Purpose: <u>fund raiser expense</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>03/18/14</u><br>Date | \$ <u>214.12</u>  |
| Expenditure #2<br>Name <u>Stein Haus</u><br>Address<br><u>1020 N. Water</u><br><u>Bay City MI 48708</u><br><input checked="" type="checkbox"/> Fund Raiser            | Purpose: <u>fund raiser expense</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>03/18/14</u><br>Date | \$ <u>1584.69</u> |
| Expenditure #3<br>Name <u>Mailroom</u><br>Address<br><u>3075 Shattuck</u><br><u>Saginaw MI 48603</u><br><input checked="" type="checkbox"/> Fund Raiser               | Purpose: <u>fund raiser expense</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>03/18/14</u><br>Date | \$ <u>342.53</u>  |
| Expenditure #4<br>Name <u>Staples</u><br>Address<br><u>4021 N. Euclid</u><br><u>Bay City MI 48706</u><br><input checked="" type="checkbox"/> Fund Raiser              | Purpose: <u>fund raiser expense</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>03/07/14</u><br>Date | \$ <u>111.28</u>  |
| Expenditure #5<br>Name <u>US Postal Service</u><br>Address<br><u>Washington Avenue</u><br><u>Bay City MI 48708</u><br><input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>fund raiser expense</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>03/07/14</u><br>Date | \$ <u>170.00</u>  |
| Subtotal this page  |   |                         | <u>2422.62</u>    |
| Grand Total of all Schedules 1B<br>(Complete on last page of Schedule)  |   |                         |                   |

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on line 8a of  
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ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

| 3. Name and address of person or vendor to whom paid   | 4. Purpose (Required Information)  | 5. Date                 | 6. Amount        |
|--|--|-------------------------|------------------|
| Expenditure #1<br>Name <u>Bay City Democrat</u><br>Address<br><u>PO Box 278</u><br><u>Bay City MI 48707</u><br><input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>fund raising expense</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>05/15/14</u><br>Date | \$ <u>128.26</u> |
| Expenditure #2<br>Name<br>Address<br><input type="checkbox"/> Fund Raiser  | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                       | _____<br>Date           | \$ _____         |
| Expenditure #3<br>Name<br>Address<br><input type="checkbox"/> Fund Raiser  | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                       | _____<br>Date           | \$ _____         |
| Expenditure #4<br>Name<br>Address<br><input type="checkbox"/> Fund Raiser  | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                       | _____<br>Date           | \$ _____         |
| Expenditure #5<br>Name<br>Address<br><input type="checkbox"/> Fund Raiser  | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                       | _____<br>Date           | \$ _____         |

Subtotal this page

128.26

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

2550.88

Enter this total  
on line 8a of  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C**

**CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 140747  
2. Committee Name Tom Hickner for County Executive

| 3. Name and address of person to whom disbursement was made   | 4. Description of Disbursement<br>(Be specific & you may assign a disbursement code*) | 5. Date                 | 6. Amount of Disbursement |
|---|---|-------------------------|---------------------------|
| <b>Disbursement # 1</b><br>Name & Address:<br><b>Friends of Celtic Culture</b><br><b>1204 Leng Street</b><br><b>Bay City MI 48706</b> | <b>Purpose</b><br><u>membership</u>   | <u>05/07/14</u><br>Date | <u>\$ 100.00</u>          |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement               |   |                         |                           |
| Disbursement Code <u>Ko</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| <b>Disbursement # 2</b><br>Name & Address:<br><b>Tom Hickner</b><br><b>4821 E. Westgate</b><br><b>Bay City MI 48706</b>               | <b>Purpose</b><br><u>see below</u>  | <u>05/01/14</u><br>Date | <u>\$ 370.00</u>          |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement               |   |                         |                           |
| Disbursement Code <u>—</u> <input type="checkbox"/> Fund Raiser   |   |                         |                           |
| <b>Disbursement # 3</b><br>Name & Address:<br><b>Schauer for Governor</b><br><b>PO Box 100</b><br><b>Battle Creek, MI 49016</b>       | <b>Purpose</b><br><u>contribution/fund raiser</u>                                     | <u>05/01/14</u><br>Date | <u>\$ -250.00</u>         |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement               |   |                         |                           |
| Disbursement Code <u>10</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| <b>Disbursement # 4</b><br>Name & Address:<br><b>St. Mary's Church</b><br><b>607 E. South Union</b><br><b>Bay City MI 48706</b>       | <b>Purpose</b><br><u>benefit fund raiser</u>  | <u>04/10/14</u><br>Date | <u>\$ -20.00</u>          |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement               |   |                         |                           |
| Disbursement Code <u>Do</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| Subtotal this page  |   |                         | <u>470.00</u>             |
| Grand Total of all Schedules 1C<br>(Complete on last page of Schedule)  |   |                         | <u>—</u>                  |

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 140747  
2. Committee Name Tom Hickner for County Executive

| 3. Name and address of person to whom disbursement was made   | 4. Description of Disbursement<br>(Be specific & you may assign a disbursement code*) | 5. Date                 | 6. Amount of Disbursement |
|---|---|-------------------------|---------------------------|
| <b>Disbursement # 1</b><br>Name & Address:<br>Schauer for Governor<br>PO Box 100<br>Battle Creek MI 49016               | Purpose<br><u>fund raiser</u>   | <u>02/24/14</u><br>Date | <u>\$-50.00</u>           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>10</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| <b>Disbursement # 2</b><br>Name & Address:<br>Brausch for State Representative<br>P.O. Box 2412<br>Midland, MI . 48641  | Purpose<br><u>fund raiser</u>   | <u>04/10/14</u><br>Date | <u>\$-50.00</u>           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>10</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| <b>Disbursement # 3</b><br>Name & Address:<br>Tom Hickner<br>4821 E. Westgate Drive<br>Bay City MI 48706                | Purpose<br><u>see below</u>   | <u>05/30/14</u><br>Date | <u>\$508.90</u>           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>—</u> <input type="checkbox"/> Fund Raiser   |   |                         |                           |
| <b>Disbursement # 4</b><br>Name & Address:<br>Kildee for Congress<br>PO Box 248<br>Bay City MI 48501                    | Purpose<br><u>fund raiser</u>   | <u>02/20/14</u><br>Date | <u>\$-100.00</u>          |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>10</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| Subtotal this page  |   |                         | <u>508.90</u>             |
| Grand Total of all Schedules 1C<br>(Complete on last page of Schedule)  |   |                         |                           |

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 140747  
2. Committee Name Tom Hickner for County Executive

| 3. Name and address of person to whom disbursement was made   | 4. Description of Disbursement<br>(Be specific & you may assign a disbursement code*) | 5. Date                 | 6. Amount of Disbursement |
|---|---|-------------------------|---------------------------|
| Disbursement # 1<br>Name & Address:<br>Brausch for State Representative<br>PO Box 2412<br>Midland MI 48641              | Purpose<br><u>fund raiser</u>   | <u>04/20/14</u><br>Date | <u>\$-100.00</u>          |
| Click for Memo Itemization Type   |   |                         |                           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code <u>IO</u><br><input type="checkbox"/> Fund Raiser                   |                         |                           |
| Disbursement # 2<br>Name & Address:<br>Ron Mindykowski for State Senate<br>804 S. Arbor<br>Bay City, MI 48706           | Purpose<br><u>fund raiser</u>   | <u>05/01/14</u><br>Date | <u>\$-250.00</u>          |
| Click for Memo Itemization Type   |   |                         |                           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code <u>IO</u><br><input type="checkbox"/> Fund Raiser                   |                         |                           |
| Disbursement # 3<br>Name & Address:<br>NAACP<br>Baltimore , Maryland  | Purpose<br><u>membership</u>  | <u>05/07/14</u><br>Date | <u>\$-30.00</u>           |
| Click for Memo Itemization Type   |   |                         |                           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code <u>MO</u><br><input type="checkbox"/> Fund Raiser                   |                         |                           |
| Disbursement # 4<br>Name & Address:<br>Saginaw Bay Yacht Club<br>2313 Weadock Hwy<br>Essexville, MI                     | Purpose<br><u>dinner (not candidate)</u>  | <u>05/16/14</u><br>Date | <u>\$-28.90</u>           |
| Click for Memo Itemization Type   |   |                         |                           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code <u>AO</u><br><input type="checkbox"/> Fund Raiser                   |                         |                           |
| Subtotal this page  |   |                         | <u>          </u>         |
| Grand Total of all Schedules 1C<br>(Complete on last page of Schedule)  |   |                         | <u>          </u>         |

Enter this total  
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\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

| 3. Name and address of person to whom disbursement was made   | 4. Description of Disbursement<br>(Be specific & you may assign a disbursement code*) | 5. Date                         | 6. Amount of Disbursement |
|---|---|---------------------------------|---------------------------|
| Disbursement # 1<br>Name & Address:<br>American Express<br>P.O. Box 360001,<br>Ft. Lauderdale FL 33336-0001             | Purpose<br><u>see below</u>   | <u>05/01/14</u><br>Date         | <u>\$ 820.91</u>          |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code <u>          </u><br><input type="checkbox"/> Fund Raiser           | Click for Memo Itemization Type |                           |
| Disbursement # 2<br>Name & Address:<br>Lumber Barons<br>804 E Midland St<br>Bay City, MI 48706                          | Purpose<br><u>refreshments for volunteers</u>   | <u>03/18/14</u><br>Date         | <u>\$ -51.25</u>          |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code <u>AO</u><br><input type="checkbox"/> Fund Raiser                   | Click for Memo Itemization Type |                           |
| Disbursement # 3<br>Name & Address:<br>Best Buy<br>4406 Bay Road<br>Saginaw, MI   | Purpose<br><u>purchase of laptop computer</u>   | <u>04/06/14</u><br>Date         | <u>\$ -466.36</u>         |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code <u>BO</u><br><input type="checkbox"/> Fund Raiser                   | Click for Memo Itemization Type |                           |
| Disbursement # 4<br>Name & Address:<br>Woodward Table<br>1426 H St NW<br>Washington, DC 20005                           | Purpose<br><u>dinner (not for candidate)</u>  | <u>03/25/14</u><br>Date         | <u>\$ -69.44</u>          |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code <u>AO</u><br><input type="checkbox"/> Fund Raiser                   | Click for Memo Itemization Type |                           |
| Subtotal this page  |   |                                 | <u>820.91</u>             |
| Grand Total of all Schedules 1C<br>(Complete on last page of Schedule)  |   |                                 | <u>          </u>         |

Enter this total  
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\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

| 3. Name and address of person to whom disbursement was made   | 4. Description of Disbursement<br>(Be specific & you may assign a disbursement code*) | 5. Date                 | 6. Amount of Disbursement |
|---|---|-------------------------|---------------------------|
| <b>Disbursement # 1</b><br>Name & Address:<br>Quill at the Jefferson<br>1200 16th St NW<br>Washington, DC, 20036        | Purpose<br><u>refreshments (not for candidate)</u>                                    | <u>03/27/14</u><br>Date | <u>\$-17.16</u>           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| <b>Disbursement # 2</b><br>Name & Address:<br>Afterwords Cafe<br>1517 Connecticut Ave NW<br>Washington DC 20036         | Purpose<br><u>lunch (not for candidate)</u>   | <u>03/27/14</u><br>Date | <u>\$-17.16</u>           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| <b>Disbursement # 3</b><br>Name & Address:<br>National Democratic Club<br>30 Ivy Street<br>Washington DC 20003          | Purpose<br><u>dinner (not for candidate)</u>  | <u>03/29/14</u><br>Date | <u>\$-56.76</u>           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| <b>Disbursement # 4</b><br>Name & Address:<br>Capitol Lunge<br>231 Pennsylvania Avenue SE<br>Washington DC              | Purpose<br><u>refreshments (not for candidate)</u>                                    | <u>03/29/14</u><br>Date | <u>\$-54.78</u>           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| Subtotal this page  |   |                         | <u>—</u>                  |
| Grand Total of all Schedules 1C<br>(Complete on last page of Schedule)  |   |                         | <u>—</u>                  |

Enter this total  
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\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

| 3. Name and address of person to whom disbursement was made   | 4. Description of Disbursement<br>(Be specific & you may assign a disbursement code*) | 5. Date                         | 6. Amount of Disbursement |
|---|---|---------------------------------|---------------------------|
| Disbursement # 1<br>Name & Address:<br>Latitude 43<br>1013 N. Henry<br>Bay City MI 48706                                | Purpose<br><u>refreshments (not for candidate)</u>                                    | <u>03/29/14</u><br>Date         | <u>\$-19.48</u>           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code <u>AO</u><br><input type="checkbox"/> Fund Raiser                   | Click for Memo Itemization Type |                           |
| Disbursement # 2<br>Name & Address:<br>Tom Hickner<br>4821 E. Westgate Drive<br>Bay City MI 48706                       | Purpose<br><u>see below</u>   | <u>07/16/14</u><br>Date         | <u>\$ 369.00</u>          |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code <u>—</u><br><input type="checkbox"/> Fund Raiser                    | Click for Memo Itemization Type |                           |
| Disbursement # 3<br>Name & Address:<br>Rotary Club<br>PO 42<br>Bay City, MI 48707-0042                                  | Purpose<br><u>golf fund raiser</u>  | <u>06/20/14</u><br>Date         | <u>\$-115.00</u>          |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code <u>GO</u><br><input type="checkbox"/> Fund Raiser                   | Click for Memo Itemization Type |                           |
| Disbursement # 4<br>Name & Address:<br>US Postal Service<br>Washington Avenue<br>Bay City MI 48708                      | Purpose<br><u>postage</u>   | <u>06/25/14</u><br>Date         | <u>\$-49.00</u>           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code <u>FO</u><br><input type="checkbox"/> Fund Raiser                   | Click for Memo Itemization Type |                           |
| Subtotal this page  |   |                                 | <u>369</u>                |
| Grand Total of all Schedules 1C<br>(Complete on last page of Schedule)  |   |                                 | <u>—</u>                  |

Enter this total  
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\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

| 3. Name and address of person to whom disbursement was made   | 4. Description of Disbursement<br>(Be specific & you may assign a disbursement code*) | 5. Date          | 6. Amount of Disbursement |
|---|---|------------------|---------------------------|
| Disbursement # 1<br>Name & Address:<br>Mackinac Associates<br>Mackinac Island MI  | Purpose<br>G. Mennen Williams fundraiser  | 06/21/14<br>Date | \$ -140.00                |
| Click for Memo Itemization Type   |   |                  |                           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code <u>60</u><br><input type="checkbox"/> Fund Raiser                   |                  |                           |
| Disbursement # 2<br>Name & Address:<br>Studio 23<br>901 N. Water<br>Bay City MI 48708                                   | Purpose<br>fund raiser  | 06/17/14<br>Date | \$ -50.00                 |
| Click for Memo Itemization Type   |   |                  |                           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code <u>60</u><br><input type="checkbox"/> Fund Raiser                   |                  |                           |
| Disbursement # 3<br>Name & Address:   | Purpose<br>_____  | _____<br>Date    | \$ _____                  |
| Click for Memo Itemization Type   |   |                  |                           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code _____<br><input type="checkbox"/> Fund Raiser                       |                  |                           |
| Disbursement # 4<br>Name & Address:   | Purpose<br>_____  | _____<br>Date    | \$ _____                  |
| Click for Memo Itemization Type   |   |                  |                           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code _____<br><input type="checkbox"/> Fund Raiser                       |                  |                           |
| Subtotal this page  |   |                  | <u>      </u>             |
| Grand Total of all Schedules 1C<br>(Complete on last page of Schedule)  |   |                  | <u>      </u>             |

Enter this total  
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\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C**

**CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 140747  
2. Committee Name Tom Hickner for County Executive

| 3. Name and address of person to whom disbursement was made   | 4. Description of Disbursement<br>(Be specific & you may assign a disbursement code*) | 5. Date                 | 6. Amount of Disbursement |
|---|---|-------------------------|---------------------------|
| <b>Disbursement # 1</b><br>Name & Address:<br>Tom Hickner<br>4821 E. Westgate<br>Bay City MI 48706                      | Purpose<br><u>see below</u>   | <u>03/10/14</u><br>Date | <u>\$ 650.44</u>          |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>1</u> <input type="checkbox"/> Fund Raiser   |   |                         |                           |
| <b>Disbursement # 2</b><br>Name & Address:<br>Old City Hall<br>814 Saginaw Street<br>Bay City MI 48708                  | Purpose<br><u>Dinner (not candidate)</u>  | <u>02/03/14</u><br>Date | <u>\$ -26.80</u>          |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| <b>Disbursement # 3</b><br>Name & Address:<br>Kildee for Congress<br>PO Box 248<br>Flint MI 48501                       | Purpose<br><u>fund raiser</u>   | <u>02/20/14</u><br>Date | <u>\$ -100.00</u>         |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| <b>Disbursement # 4</b><br>Name & Address:<br>Stein Haus<br>1108 N. Water<br>Bay City MI 48706                          | Purpose<br><u>Dinner (not candidate)</u>  | <u>06/11/14</u><br>Date | <u>\$ -40.94</u>          |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |

Subtotal this page 650.44

Grand Total of all Schedules 1C  
(Complete on last page of Schedule)

Enter this total  
on line 10a of  
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\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 140747  
2. Committee Name Tom Hickner for County Executive

| 3. Name and address of person to whom disbursement was made   | 4. Description of Disbursement<br>(Be specific & you may assign a disbursement code*) | 5. Date                 | 6. Amount of Disbursement |
|---|---|-------------------------|---------------------------|
| <b>Disbursement # 1</b><br>Name & Address:<br>Niedzinski for City Commission<br>321 S. Birney<br>Bay City MI 48708      | Purpose<br><u>fund raiser</u>   | <u>07/29/13</u><br>Date | <u>\$-50.00</u>           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| <b>Disbursement # 2</b><br>Name & Address:<br>US Postal Service<br>Washington Avenue<br>Bay City MI 48708               | Purpose<br><u>stamps</u>  | <u>07/09/13</u><br>Date | <u>\$-46.00</u>           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| <b>Disbursement # 3</b><br>Name & Address:<br>Old City Hall<br>814 N. Saginaw<br>Bay City MI 48708                      | Purpose<br><u>refreshments (not candidate)</u>  | <u>08/13/14</u><br>Date | <u>\$-22.09</u>           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| <b>Disbursement # 4</b><br>Name & Address:<br>Polish Falcons<br>1401 S. Grant<br>Bay City MI 48708                      | Purpose<br><u>fundraising raffle</u>  | <u>09/11/13</u><br>Date | <u>\$-100.00</u>          |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| Subtotal this page  |   |                         | <u>—</u>                  |
| Grand Total of all Schedules 1C<br>(Complete on last page of Schedule)  |   |                         | <u>—</u>                  |

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\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 140747  
2. Committee Name Tom Hickner for County Executive

| 3. Name and address of person to whom disbursement was made   | 4. Description of Disbursement<br>(Be specific & you may assign a disbursement code*) | 5. Date                 | 6. Amount of Disbursement |
|---|---|-------------------------|---------------------------|
| <b>Disbursement # 1</b><br>Name & Address:<br>Kildee for Congress<br>PO Box 248<br>Flint MI 48501                       | Purpose<br><u>fund raiser</u>   | <u>06/29/13</u><br>Date | <u>\$-100.00</u>          |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| <b>Disbursement # 2</b><br>Name & Address:<br>Rotary Club<br>PO Box 42<br>Bay City MI 48706                             | Purpose<br><u>International Night</u>   | <u>09/09/13</u><br>Date | <u>\$-65.00</u>           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| <b>Disbursement # 3</b><br>Name & Address:<br>Basmadjian for City Commission<br>315 S. Kiesel<br>Bay City MI 48706      | Purpose<br><u>fund raiser</u>   | <u>10/09/13</u><br>Date | <u>\$-50.00</u>           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| <b>Disbursement # 4</b><br>Name & Address:<br>Panda House<br>1010 N. Niagara<br>Saginaw MI                              | Purpose<br><u>A-Team lunch</u>  | <u>10/28/13</u><br>Date | <u>\$-49.61</u>           |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement |   |                         |                           |
| Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser  |   |                         |                           |
| Subtotal this page  |   |                         | <u>—</u>                  |
| Grand Total of all Schedules 1C<br>(Complete on last page of Schedule)  |   |                         | <u>—</u>                  |

Enter this total  
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\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 140747  
2. Committee Name Tom Hickner for County Executive

| 3. Name and address of person to whom disbursement was made   | 4. Description of Disbursement<br>(Be specific & you may assign a disbursement code*) | 5. Date                         | 6. Amount of Disbursement |
|---|---|---------------------------------|---------------------------|
| Disbursement # 1<br>Name & Address:<br>Debra Russell<br>1574 St. Mary's Court<br>Essexville MI 48732                    | Purpose<br><u>Data Entry</u>  | <u>04/16/14</u><br>Date         | <u>\$75.00</u>            |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code <u>AO</u><br><input type="checkbox"/> Fund Raiser                   | Click for Memo Itemization Type |                           |
| Disbursement # 2<br>Name & Address:<br>CEDAM<br>1118 S Washington Ave<br>Lansing MI 48910                               | Purpose<br><u>fund raiser</u>   | <u>04/21/14</u><br>Date         | <u>\$40.00</u>            |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code <u>FO</u><br><input type="checkbox"/> Fund Raiser                   | Click for Memo Itemization Type |                           |
| Disbursement # 3<br>Name & Address:   | Purpose<br>_____  | _____<br>Date                   | \$ _____                  |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code _____<br><input type="checkbox"/> Fund Raiser                       | Click for Memo Itemization Type |                           |
| Disbursement # 4<br>Name & Address:   | Purpose<br>_____  | _____<br>Date                   | \$ _____                  |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code _____<br><input type="checkbox"/> Fund Raiser                       | Click for Memo Itemization Type |                           |
| Subtotal this page  |   |                                 | <u>115</u>                |
| Grand Total of all Schedules 1C<br>(Complete on last page of Schedule)  |   |                                 | <u>2934.25</u>            |

Enter this total  
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\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

2. Committee Name Tom Hickner for County Executive

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>6. Indicate original amount of debt | 7. Date and amount of each payment                       | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|--|--|--|---------------------------------------|--|
| Debt #1 Corp? <input type="checkbox"/> Yes<br>Owed to or by:   | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u> _____<br>6. <u>Original Amount of Debt:</u> \$ _____         | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | \$ _____                              | \$ _____<br><input type="checkbox"/> FORGIVEN                        |
| If bank loan, name of endorser or guarantor: _____   |  | Amount Endorsed: \$ _____                                |                                       |  |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:   | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u> _____<br>6. <u>Original Amount of Debt:</u> \$ _____         | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | \$ _____                              | \$ _____<br><input type="checkbox"/> FORGIVEN                        |
| If bank loan, name of endorser or guarantor: _____   |  | Amount Endorsed: \$ _____                                |                                       |  |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:   | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u> _____<br>6. <u>Original Amount of Debt:</u> \$ _____         | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | \$ _____                              | \$ _____<br><input type="checkbox"/> FORGIVEN                        |
| If bank loan, name of endorser or guarantor: _____   |  | Amount Endorsed: \$ _____                                |                                       |  |

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total  
on line 12a "owed  
by" or line 12b  
"owed to" of the  
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

**- USE A SEPARATE SHEET FOR EACH EVENT -**

|   |   |  |   |
|---|---|--|---|
| 3. Date Event Was Held<br><br><u>03/14/14</u> | 4. Number of Individuals Attending<br>or Participating (whichever is<br>greater)<br><br><u>79</u> | 5. Type of Fund Raising Activity<br><br><u>reception</u> | 6. Address and Name (If any) of the<br>place where the activity was held.<br><br>Stein Haus<br>1108 N. Water<br>Bay City MI 48708<br><input type="checkbox"/> Private Residence |
|---|---|--|---|

7. Total Contributions \$5,495.00  
8. Other Receipts \$0.00  
9. Gross Receipts (Add lines 7 and 8) \$5,495.00  
10. Total Cost of Event \$2,533.88  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

| Co-Sponsor(s) | Contribution Split<br>(%) | Expenditure Split<br>(%) |
|---------------|---------------------------|--------------------------|
| _____         | _____                     | _____                    |
| _____         | _____                     | _____                    |
| _____         | _____                     | _____                    |
| _____         | _____                     | _____                    |
| _____         | _____                     | _____                    |
| _____         | _____                     | _____                    |
| _____         | _____                     | _____                    |
| _____         | _____                     | _____                    |

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.